

# CAMPER INFORMATION FORM

**DUE AT REGISTRATION. DID YOU KNOW YOU COULD BE FILLING THIS OUT ONLINE?**

Please check each camp your child will attend this summer:

\_\_\_\_\_ Camp Finberg      \_\_\_\_\_ Specialty camps at Camp Finberg

\_\_\_\_\_ Camp Pleasant      \_\_\_\_\_ Specialty camps at The Pleasant Street Branch      \_\_\_\_\_ Specialty Clinics at Downtown Branch

## CAMPER INFORMATION

Camper's Name: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Street: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

## PARENT INFORMATION

Parent 1 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Authorized to pickup? Yes No

Parent 2 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Authorized to pickup? Yes No

E-Mail Addresses: \_\_\_\_\_ / \_\_\_\_\_

## EMERGENCY CONTACTS

If not available in an emergency, notify:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Authorized to pickup? Yes No

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Authorized to pickup? Yes No

**PICK-UP AUTHORIZATION for CAMPER:** Aside from those listed above, the following individuals have authorization to pick up my child:

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## YOUR CHILD'S HEALTH HISTORY: (Check – giving approximate dates)

Frequent Ear Infections	_____	Hay Fever	_____	Chicken Pox	_____
Heart Defect/Disease	_____	Ivy Poisoning, etc.	_____	Measles	_____
Convulsion	_____	Insect Sting Allergy	_____	German Measles	_____
Diabetes	_____	Penicillin Allergy	_____	Mumps	_____
Bleeding/Clotting	_____	Other drug Allergies	_____	Asthma	_____

# CAMPER INFORMATION FORM

Food Allergies – Please list allergies, child’s reactions, and any related prescriptions or treatments:

---

Operations or serious injuries (dates): \_\_\_\_\_

---

Chronic or recurring illness: \_\_\_\_\_

---

Other diseases or details of above: \_\_\_\_\_

---

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

Will your child require any medical prescriptions to be administered while at camp? Circle one: YES NO

If yes, please contact the Camp Registrar at (508) 409-0753 for a medicine administration form.

**Important:** Please notify the camp if the camper is exposed to any communicable disease within three weeks prior to camp attendance.

Is there anything else you’d like to tell us about your child in order for us to provide the best care and camp experience for him/her?

---

---

---

## PARENT AUTHORIZATIONS

My child, \_\_\_\_\_, has my full permission to participate in Attleboro YMCA Summer Camps, attend any Attleboro YMCA Summer Camp Field trips during their sessions of attendance at camp, and take part in any Ropes Course Challenges that may be part of the camp curriculum.

I understand any and all activities involved and believe that the aforementioned child is in proper physical condition to participate. I assume all risk and responsibilities arising from participation, and do myself, my heirs and personal representatives hereby hold harmless, indemnify, release and forever discharge the Attleboro YMCA, its officers, agents, coaches, and employees from and against any and all claims, demands and actions or causes of action on account of property damage, physical injury or death which may occur during the period of participation.

In the event of an emergency requiring medical attention beyond first aid, I hereby grant permission to a physician or hospital designated by the Attleboro YMCA to provide medical attention to the above-mentioned child, including necessary hospitalization. Any expense arising from injury or illness is the responsibility of the parental insurance coverage.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date:

I understand that the Attleboro YMCA at all locations or branches may take photographs and/or videos of participants, in all our programs, any time through the year, and I authorize the use of my child in photographs and/or video for archival and publicity purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date:

# CAMP SELECTION FORM

## CAMPS

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

LEADERSHIP PROGRAMS (July Session: July 1-26 / August Session: July 29-Aug 23)

Camp Finberg (Week only)	Camp Pleasant (Choose 2-5 days per week)							Check to add Extended Care (Finberg & Pleasant only)
	M	T	W	TH	F	Check to add add Bus (Finberg & Pleasant only)		
June 10-14								N/A
June 17-21								N/A
June 24-28								N/A
July 1-5 (no 4th)								N/A
July 8-12								N/A
July 15-19								N/A
July 22-26								N/A
July 29-Aug 2								N/A
Aug 5-9								N/A
Aug 12-26								N/A
Aug 19-23								N/A
Aug 26-30								N/A

	LIT (Grade 9)		LIT (Grade 9)		CIT (Grade 10)		CIT (Grade 10)		CIT (Grade 11)		CIT (Grade 11)	
	July	August	July	August	July	August	July	August	July	August	July	August
Camp Finberg												
Camp Pleasant												

## PRESCHOOL CAMP AT DOWNTOWN BRANCH

	Half-Day Camp							Full-Day Camp							
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
June 17-21															
June 24-28															
July 1-5 (no 4th)															
July 8-12															
July 15-19															
July 22-26															
July 29-Aug 2															
Aug 5-19															
Aug 12-26															
Aug 19-23															
Aug 26-30															

## BUS TRANSPORTATION

If your child will need bus transportation, please indicate your child's bus stop:

Morning Stop: \_\_\_\_\_ Afternoon Stop: \_\_\_\_\_  
(See page 18 for stop numbers)

## SPECIALTY CAMPS

Camp	Date	Location	X each week attending	Check to add Bus	Check to add Extended Care
Art	July 8-12	Finberg			
Drama	July 29-Aug 9	Finberg			
Adventure Camp	July 22-26	Finberg			
Outdoor Challenge	July 15-19	Finberg			
STEM	July 8-19	Finberg			
Nature	Aug 12-16	Finberg			
Youth Gymnastics	July 1-5 (no 4th)	Pleasant			
Youth Gymnastics	July 15-19	Pleasant			
Youth Gymnastics	Aug 5-9	Pleasant			
Preschool Gymnastics	July 8-12	Pleasant		N/A	N/A
Preschool Gymnastics	Aug 19-23	Pleasant		N/A	N/A
Advanced Gymnastics	July 29-Aug 2	Pleasant			
Dance-Nastics	June 17-21	Pleasant			
Dance-Nastics	July 22-26	Pleasant			
Dance-Nastics	Aug 12-16	Pleasant			
Youth Dance Camp	June 24-28	Pleasant			
Triathlon Kids Camp	July 15-19	Pleasant			
Food & Fun Summer Program	July 22-26	Downtown		N/A	N/A
Basketball Clinic - Girls	July 22-26	Downtown			
Basketball Clinic - Boys	July 29-august 2	Downtown			
Track & Field Clinic	July 8-12	Bishop Feehan		N/A	N/A
Tsunami Swim Clinic	Aug 5-9	Downtown		N/A	N/A

## PAYMENT INFORMATION

Basic Camp Deposit \$ \_\_\_\_\_ (\$100 per season)\*

Specialty Camp Deposit \$ \_\_\_\_\_ (\$50 per week)\*

Camp Improvement Fee \$ \_\_\_\_\_ \$10 per Camp Finberg camper or Camp Pleasant (see page 18 for info)

Payment Method:

\_\_\_\_\_ Check (make payable to Attleboro YMCA) \_\_\_\_\_ Card on file ending \_\_\_\_\_

\_\_\_\_\_ Credit \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Amex \_\_\_\_\_ Discover

Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

I authorize the Attleboro YMCA to use this account for payment of my camp deposit as well as payment of weekly camp balances due. I understand that balances due will be drawn from this account 10 days prior to each week that my child will attend camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form with deposit payment**  
to the Attleboro YMCA's Downtown or Pleasant Street Branch or send it to:

Attleboro YMCA | 63 North Main Street | Attleboro, MA 02703 | Attn.: Camp Registrar



# ATTLEBORO YMCA MEDICAL FORM

PRIOR TO CAMP, YOU MAY SUBSTITUTE DOCTOR'S STANDARD FORM.  
FORM MAY BE EMAILED TO PFLANAGAN@ATTLEBOROYMCA.ORG OR  
FAXED TO 888-233-4384.

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Medical Examination - To be completed by licensed physician

Medical examination should be performed within 12 months of arrival at camp.

Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

**Immunization History:** Please record the month, day, and year of basic immunization and most recent boosters.

Vaccines	Date of Basic	Date of Last Booster
Diphtheria	1.	1.
Pertussis DPT*	2.	2.
Tetanus	3.	
_____ or _____		
Tetanus TD*		
Diphtheria		
_____ or _____		
Tetanus		
_____		
Oral Polio TOPV		
_____		
Injectable Polio		
_____		
Measles		
_____		
Rubella		
_____		
Other		
_____		
Tuberculin test given _____ (most recent)		

CODE:	V - Satisfactory	X - Not Satisfactory	O - Not Examined
Height:	_____	Weight: _____	B.P. _____
Eyes	_____	Lungs	Allergy: (please specify) _____
Glasses	_____	Abdomen	_____
Ears	_____	Hernia	_____
Nose	_____	Posture	General Appraisal: _____
Throat	_____	Skin	_____
Genitalia	_____	Extremities	_____
Heart	_____		_____

**THIS FORM MUST BE ON FILE  
PRIOR TO ATTENDING CAMP.  
THE CAMPER WILL NOT BE  
ABLE TO ATTEND WITHOUT IT.**

## Recommendations and restrictions while in camp.

Special Diet \_\_\_\_\_

Current Medications \_\_\_\_\_

Is parent sending medications? \_\_\_\_\_

Swimming/Diving \_\_\_\_\_

Strenuous Activity \_\_\_\_\_

Other \_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above:

Examining Physician: \_\_\_\_\_ M.D.

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_